

607-13-4-969-0294 -- NeuroStar TMS - 607

SINGLE SOURCE
(APPLICABLE TO PURCHASES UNDER SAT \$3,000 - \$150,000)

1. **Contracting Activity:**
 NCO 12, GREAT LAKES ACQUISITION CENTER,
 115 SOUTH 84TH STREET, SUITE 101
 MILWAUKEE, WI 53214

2. **Purchase Request Number:** 607-13-4-969-0294

3. **Authority for Action:**

☒ FAR 13.106-1(b), Soliciting from a Single Source

4. **Describe the supply or service to be acquired and the total estimated dollar value:**

| | | |
|----|--|--|
| a. | Common Nomenclature (commercial description): | NeuroStar TMS (transcranial magnetic stimulation) Therapy System |
| b. | Kind of material (i.e., type, grade, alternatives, etc.): | N/A |
| c. | Electrical Data (i.e., 110 v, 60 Hz, 3 Ph, etc.): | 110V, 20A, 60 Hz, dedicated circuit required for mobile console power and 110V, 15A, 60Hz for Chair, PDMS computer power |
| d. | Dimensions, size, capacity: | Mobile console: 255 lbs, 27" W x 43" L; Chair: 160 lbs, 33" W x 61" L, with max capacity of 400 lbs. Overall system footprint: 33" W x 92" L when positioned for treatment. |
| e. | Principles of operation: | NeuroStar TMS (transcranial magnetic stimulation) Therapy is an FDA-cleared non-invasive medical treatment for patients with major depression who have not benefited from initial antidepressant medication. |
| | | NeuroStar uses highly focused magnetic pulses to stimulate neurons in this area, causing them to become active and release neurotransmitters. Neurotransmitters are the brains chemical-messengers. |
| f. | Restrictive environmental conditions: | N/A |
| g. | Intended use: | Treatment for patients with major depression. |
| h. | Equipment with which the item is used with (N/A if not applicable): | System comes with chair and computer console; will need to be connected to the VA network and interfaced with CPRS. |
| i. | End item application: | Non-invasive medical treatment for patients with major depression |
| j. | Original equipment manufacturer part number: | 81-60000-000 (Product number) |
| k. | Other pertinent information that describes the item, material or service required: | Purchase of described system with training provided on operation and maintenance of the system with a two year service warranty included in purchase. |

TOTAL ESTIMATED VALUE: \$99,974.00

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5. List the proposed contractor (name, contact, and phone number) and describe the unique knowledge or capabilities of the proposed contractor:

Neuronetics Inc.
POC: Bill Leonhard
Phone: 630.803.8582
E-mail: bleonhard@neuronetics.com

Market research was conducted for manufacturers and suppliers of TMS systems that yielded only one FDA approved system, which is the NeuroStar TMS system by Neuronetics Inc. Neuronetics is the only firm in the market with approval from FDA to manufacture the TMS system. The firm has the capacity and capability of meeting the need of Madison VAMC.

6. Describe your market research efforts and efforts to ensure that offers are solicited from as many potential sources as is practicable:

A search of Federal Prison Industries website utilizing the keywords "transcranial magnetic stimulation" produced no matches. A search of Ability One website utilizing the keywords "transcranial magnetic stimulation" produced no matches. A search of GSA Advantage using "transcranial magnetic stimulation", "neurostar", and "tms system" produced numerous matches, none which met the salient characteristics. A search of eLibrary confirmed Neuronetics, Inc. is not under GSA contract. A search of Neuronetics websites confirmed the transcranial magnetic stimulation system is the only FDA approved non-drug depression system.

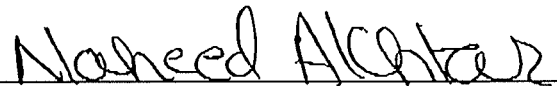
7. State why you feel that the anticipated cost to the Government will be fair and reasonable:

Previous purchase:

Contract number: VA69D-13-P-2444
Award Date: 4-19-2013
Award Amount: \$99,996.00
Contractor: Neuronetics, Inc.

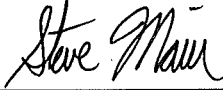
8. Certifications:

I hereby certify that the data provided above is accurate and complete to the best of my knowledge and belief.


Dr. Naheed Akhtar
Staff Physician, Mental Health


Date

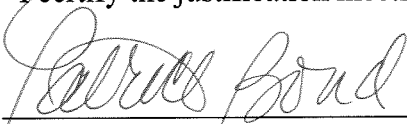
I hereby determine that the circumstances of this contract action deem only one source reasonably available.



Steven Maier
Contracting Officer

8-19-13
Date

I certify the justification meets requirements for other than full and open competition.



Patrice Bond
Medical Sharing Team Manager
Network Contracting Office 12, Great Lakes Acquisition Center

8/23/2013
Date